

Appendix A

NUCLEAR WASTE MANAGEMENT PROGRAM Sandia National Laboratories	<h2 style="margin: 0;">Document Review and Comment (DRC)</h2>	Form Number: NP 6-1-1 Page 1 of ____
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REVIEW REQUESTER (e.g., author/Sandia contact)
 Complete items 1-6.
 Provide the DRC and review document to the reviewer.

REVIEWER:
 Review the document applying the criteria specified below, and complete items 7 and 8.
 Return DRC to review requester/delegate.

REVIEW REQUESTER/DELEGATE:
 If there are comments requiring response, prepare response to each comment on following page(s); complete item 9, and return to reviewer.

REVIEWER:
 Review responses to comments. Indicate acceptance or rejection on the DRC and complete item 10.

NOTE: REVIEWER AND REVIEW REQUESTER/DELEGATE are encouraged to discuss comments. If comment(s) cannot be resolved, refer the issue(s) to management.
 Entries must be complete, legible, and in reproducible ink or completed electronically.

1. Document Title _____

3. Document Description: (e.g. abstract, procedure, SAND report) _____

4. Type of Review & Criteria

☐ Technical (Technical adequacy, accuracy, completeness)
 -Are objectives clearly stated and fulfilled?
 -Is the technical activity clearly described?
 -Are equations/calculations accurate?
 -Does logic lead to reasonable conclusions?
 -Are the results drawn from the data supported by data presented?
 -Data/tables/figures: Are they easily understood? Are legends complete?

☐ Other type of review (please specify or leave blank if not applicable) _____

☐ QA (Compliance and completeness)
 -Are applicable QA requirements adequately cited/ incorporated and met (content, reviews)?
- Has the technical review been performed by someone who is "independent"?
(see NP 6-1, Section 2.2)

☐ Management (Completeness and correctness)
 -Is report consistent with policy?
 -Is there consensus with other program documents?
 -Does the document meet applicable criteria?

2. Rev. #
(if applicable) _____

5. Additional criteria (if applicable) _____

7. Review Prepared by: _____

Reviewer's Printed Name

6. Review Requester _____

(Printed Name)

Date: _____

Reviewer's Signature Org. Date

8. One of the following boxes must be checked: ☐ No comments ☐ Comments; record on following pages.

(This section to be left blank if there are no comments requiring a response)

9. Response to comments prepared by: _____

Review Requester's/Delegate's Printed Name Review Requester's/Delegate's Signature Org. Date

10. Response Concurrence: _____

Reviewer's Signature Date

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Type of Review ☐ Technical ☐ QA ☐ Management ☐ Other

Document Title _____ Rev. # _____

Reviewer's Comments (Enter "LAST COMMENT" in row below last entry)				Review Requester's/Delegate's Response			Reviewer's Response	
Comment#	*	Location	Comment	Accept	Reject		Accept	Reject

* Mark Y (Yes) for comments requiring a response from the Review Requester/Delegate.
Mark N (No) for comments not requiring a response from the Review Requester/Delegate.